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## Medical Report Request Form

Proposed Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

NRIC/SSN/Passport No.: \_\_\_\_\_

- Select Reports:
- Lab One Report (SG\$80)
  - Paramedical/Medical Exam Report (SG\$100)
  - ECG (SG\$80)

*\*prices above are inclusive of 7% GST*

I, the Proposed Insured, request Transamerica Life (Bermuda) Ltd. send a copy of the report(s) selected above for tests performed in connection with my Application for life insurance to:

- Myself, at the address provided on my Life Insurance Application; or
- My designated physician (Physician's name: \_\_\_\_\_), at the address provided below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount paid: SG\$ \_\_\_\_\_  
( Bank-In Slip  Check no. \_\_\_\_\_)

Remarks: \_\_\_\_\_  
\_\_\_\_\_

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Signature of Proposed Insured

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Date (mm/dd/yyyy)

